

SERIAL NUMBER 09/481,730	FILING DATE 01/11/2000  RULE	CLASS 128	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. PA:055					
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <b>APPLICANTS</b>             WALID NAGIB ABOUL-HOSN, FAIR OAKS, CA;             WILLIAM KANZ, SACRAMENTO, CA;         </div> <div style="width: 60%; font-family: cursive;"> <p>This application is a CIP of 09/231,320 01/13/1999 PAT 6,532,964 which is a CIP of 09/079,836 5/15/1998 PAT 6,395,026.</p> <p>This application is a CIP of 08/973,526 09/19/1997 PAT 6,083,260 which is a CIP of 08/891,456 07/11/1997 now Abandoned.</p> <p>This application is a CIP of PCT US99/13666 06/18/1999 which is a CON of 09/099,713 05/19/1998 now Abandoned. Claims benefit of 60/113,727 12/23/1998</p> <p>This application is a CIP of PCT US99/19537 08/27/1999 which claims benefit of 60/098,118 08/27/1999</p> <p><del>This application is a CIP of 09/231,320 01/13/1999 PAT 6,532,964</del></p> <p style="text-align: center; font-size: 1.2em;">WJM 8-19-04</p> <p>This application claims benefit of 60/152,249 09/03/1999</p> </div> </div>									
<b>** CONTINUING DATA *****</b> <del>This application is a CIP of 09/231,320 01/13/1999 PAT 6,532,964</del>									
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">NONE</div>									
<div style="display: flex; justify-content: space-between;"> <div> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b>  <b>** 02/16/2000</b> </div> <div> <b>** SMALL ENTITY **</b> </div> </div>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged <u>WJM</u>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Examiner's Signature</span> <span>Initials</span> </div> </td> <td style="width: 15%; padding: 5px; text-align: center;">           STATE OR  COUNTRY CA         </td> <td style="width: 15%; padding: 5px; text-align: center;">           SHEETS  DRAWING 18         </td> <td style="width: 15%; padding: 5px; text-align: center;">           TOTAL  CLAIMS 55         </td> <td style="width: 10%; padding: 5px; text-align: center;">           INDEPENDENT  CLAIMS 2         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>WJM</u> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	STATE OR  COUNTRY CA	SHEETS  DRAWING 18	TOTAL  CLAIMS 55	INDEPENDENT  CLAIMS 2
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<b>ADDRESS</b> Daniel D. Ryan RYAN KROMHOLZ & MANION, S.C. P.O. BOX 26618 MILWAUKEE , WI 53226									
<b>TITLE</b> METHODS AND SYSTEMS FOR PROVIDING RIGHT AND/OR LEFT HEART SUPPORT DURING CARDIAC SURGERY									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; vertical-align: top;"> <b>FILING FEE</b>    <b>RECEIVED</b> 767         </td> <td style="width: 50%; padding: 5px;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 35%; padding: 5px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </td> </tr> </table>					<b>FILING FEE</b>   <b>RECEIVED</b> 767	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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